Montana DPHHS Wasted and Expired Vaccine Return Form

Name	of Facility:	VFC ID:	Contact:	Phone:	Date:	
	ot return any viable VFC vacci our supply of vaccine before it		S		if you will not be al	ble to
1.	Please complete this form and vaccine vial or on your packing		l below for each vaccine. (You will find the NDC numbe	r [10 digit number]	on the
2.	Please fax a copy of this form	to the Immunization Program	n (406) 444-2920 and keep	a copy for your records.		
3.	Enclose the original copy of th	is form in the package with	the wasted or expired vacci	nes that you are returning to th	ne VFC Program.	

- 4. You may use a postage-paid container in which you receive your normal VFC vaccine shipments to return wasted or expired vaccine to McKesson. If you do not have a McKesson shipping box available, please pack the wasted or expired vaccine into a box and return it to: McKesson Specialty Distribution, Attn: Eric Doss/Tommy McRae, 4853 Crumpler Road, Memphis, TN 38141.
- 5. Clearly label the outside of the shipping container "Non-viable Vaccine enclosed."

Vaccine Name	No of Doses	Manufacturer	Lot No	Expiration Date	NDC Number	Reason Code	Comments

Reason codes:

1. Expired vaccine

2. Natural Disaster/Power Outage

- 3. Refrigerator/Freezer too warm
- 4. Refrigerator/Freezer too cold

- 6. Vaccine spoiled in transit
- 7. Mechanical failure
- 8. Spoiled
- 9. Other (Please Explain)
- 5. Failure to store properly upon receipt (e.g. not refrigerated or frozen in a timely manner)